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## FACSIMILE TRANSMITTAL SHEET

TO: Commissioner for Patents Mail Stop Amendment	FROM: Michael J. Mazza REG. NO. 30,775
ATTN: EXAMINER: Leah H. SCHLIENTZ GROUP ART UNIT: 1618	PHONE NUMBER: 650-631-3271
FAX NUMBER: 1-571-273-8300	FAX NUMBER: 650-620-6395
PHONE NUMBER:	DATE: September 11, 2007

TOTAL NO. OF PAGES INCLUDING COVER: 22

RE: Patent Application No.: 10/750,934  
Attorney Docket No.: 0101.00  
Confirmation No. 1899DOCUMENTS SUBMITTEDPTO/SB/21 Transmittal Form (1 page)  
Amendment A (18 pages)  
PTO/SB/22 Petition for Extension of Time (1 page and a duplicate)CERTIFICATE OF FACSIMILE TRANSMISSION

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Dated: SEPT. 11, 2007NOTICE OF CONFIDENTIALITYThis transmission is intended only for the use of the Addressee and may contain information that is:  
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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0851-0031

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Total Number of Pages in This Submission

21

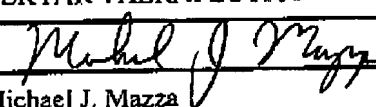
Application Number	10/750,934
Filing Date	December 31, 2003
First Named Inventor	Thomas E. Tarara
Art Unit	1618
Examiner Name	Leah H. SCHLIENTZ
Attorney Docket Number	0101.00

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	NEKTAR THERAPEUTICS		
Signature			
Printed name	Michael J. Mazza		
Date	9/11/07	Reg. No.	30,775

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Anna Tran	Date	09/11/2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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